PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number 10/719-206 09792-5765

CLAIMS AS FILED - PART I					Ì	SMALL ENTITY			NTITY	OTHER THAN		
				<u>1 (1)</u>	(Colu	ımn 2)	١ '	TYPE [OR	SMALL	ENTITY
TOTAL CLAIMS			62		-			RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			\$⊋ minus 20=		.62			X\$ 9=		OR	X\$18=	1116
INDEPENDENT CLAIMS 25 minus 3					22			X43=		OR	X86=	1892
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	`
* If the difference in column 1 is less than zero, enter					"0" in c	column 2	•	TOTAL		OR	TOTAL	3778
CLAIMS AS AMENDED - PART II											OTHER	
		(Column 1)		(Colun		(Column 3)	SMALL	ENITTY	OR	SMALL	ENIIIY	
AMENDMENT A	11/2/13	REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 82	Minus		2	=		X\$ 9=		OR	X\$18=	
	Independent	• 25 ENTATION OF MI	Minus		CLAIM	<u> - `</u>	1 [X43=		OR	X86=	
	7 17 10 17 11 120	it in the control of the	JETH EL DE	CHECHT	CLAIM		'	+145=		OR	+290=	
								TOTAL		OR	TOTAL ADDIT, FEE	
ADDIT. FEE L. (Column 1) (Column 2) (Column 3)											ADDII. FEE	
AMENDMENT B	11.	CLAIMS		HIGH		(Coldinii 5)	1 r		ADDI	1 1		400)
	51614	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	\coprod	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 82	Minus	- 8	2	=	\prod	X\$ 9=	<i></i>	OR	X\$18=	,
	Independent	• 25 NTATION OF MU	Minus	*** Z	25	-	1	X43=		OR	X86=	
	T THESE	TOTAL OF THE	CIIPCE DEF	EMDEIA	CLAIM		, [+145=		OR	+290∞	
								TOTAL		OR	TOTAL	
AUUII. FEE Indiana AUUIII. FEE Indiana AUUII. FEE Indiana AUUIII. FEE Indiana AUUII. FEE Indiana AUUIII. FEE Indiana AUUIII												
	`	(Column 1)	· · · · · · · · · · · · · · · · · · ·	(Colum		(Column 3)	1 -			ě		
Z I		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		= ,		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	 -	X43=			X86=	
٩	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		╟┠	A43=		OR	∧00 =	
* #	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								,	OR	+290=	
	I the "Highest Nur I the "Highest Nur	A	TOTAL DOIT, FEE	السسنس		TOTAL ODIT. FEE						
1	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											